

YEAR

City of Troy
One Monument Square, Troy, NY 12180
VENDOR PERMIT

**ATTACH
PHOTO
HERE**

Please print or type

Name _____ ☐ Male ☐ Female Social Security # _____

Ht. _____ Wt. _____ Hair color _____ Eye Color _____ Date of Birth _____ Place of Birth _____

Home Address _____

Home Telephone _____ Business Telephone _____ Fax _____

Driver's License # _____ State _____

Veteran ☐ Yes ☐ No Honorable Discharge ☐ Yes ☐ No Branch of Service _____

☐ Self Employed Number of Employees _____ Number of Vending Units _____

☐ Employed By _____

Business Address _____

Describe what you intend to vend. For example: food, goods, ice cream, etc. Please be specific.

Describe vending unit or mode of transportation. For example: push cart, truck, door to door, stand, etc.

Do you intend to receive payment or deposit of money in advance? ☐ Yes ☐ No

List license plate numbers for all vending vehicles _____

Has an annual vendor license ever been revoked or denied by the City of Troy or any other municipality? ☐ Yes ☐ No

If Yes, please give reason. _____

Have you ever been convicted of a crime or misdemeanor? ☐ Yes ☐ No

If Yes, please state nature of crime or misdemeanor and penalty _____

Intended vending location _____

I hereby indemnify the City of Troy, New York and save it harmless from all loss, damage, or injury to property or persons arising out of, or caused by or in any way connected with the operation of my vending business. Additionally, I understand that the Mayor has the right to cancel this license at any time if sufficient cause is shown.

Signature _____ Date _____

FOR OFFICIAL USE ONLY

☐ New Application ☐ Renewal year (circle): 2 3 4 5

☐ Self employed ☐ Employee

☐ NYS Division of Criminal Justice Services (fingerprint report)

Date submitted _____ Results: ☐ No action ☐ Report attached

☐ Troy Police Department records check

Officer _____ Date _____

Results: ☐ No action ☐ Report attached

Records verification

☐ Drivers license

☐ Veterans honorable discharge papers

☐ Vehicle registration

☐ Liability insurance

☐ Surety bond

☐ Rensselaer County Health Permit

Departmental notification

☐ Original to City Clerk

☐ Copy to Police Chief

☐ Copy to vendor

Chief of Police _____ Date _____

☐ Approved ☐ Denied Reason _____

Fee \$ _____ ☐ Check ☐ Money Order ☐ Cash

Date Issued _____ (**Expires December 31 of the year issued**)

City Clerk _____ Date _____

Mayor _____ Date _____
